

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF
UNITED STATES OF AMERICACOURT CASE NUMBER
97-CV-2445(JAF)DEFENDANT
RAMON TORRES-GONZALEZTYPE OF PROCESS
INSTALLMENT PAYMENT ORDER

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { RAMON TORRES-GONZALEZ
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 CARR 449 KM 1.3 SECOTR LOS TANQUES, BO. CALABAZA, SAN SEBASTIAN PR 00685 (787)896-5067

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
H.S. GARCIA United States Attorney 350 Chardon Street, Suite 1201 Hato Rey, PR 00918 Attn: Rebecca Vargas-Vera AUSA (787)766-5656	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

A. B. S. Fold

PLEASE SERVE INSTALLMENT PAYMENT ORDER PERSONALLY TO RAMON TORRES-GONZALEZ
EMPLOYER'S ADDRESS: A.E.E., SAN SEBASTIAN, PR
CONTACT PERSONS: JADIRA ALERS, (787)896-8346 AND ZORAIDA SOTO (787)896-8346Signature of Attorney other Originator requesting service on behalf of:
REBECCA VARGAS-VERA - AUSA

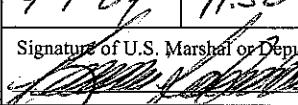
<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	(787)766-5656	1.26.04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 69	District to Serve No. 69	Signature of Authorized USMS Deputy or Clerk P.S. JADIRA ALERS	Date 1-27-04
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 4-1-04	Time 11:30	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy 			

Service Fee 270.00	Total Mileage Charges including endeavors 54.75	Forwarding Fee 4.80	Total Charges 329.55	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285
Rev. 12/15/80
Automated 01/00